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Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

SUBJECT: English Elaine LLC				
SUBJECT: Name of U	Limited Liability	Company		
DOCUMENT NUMBER: L19000202049				
The enclosed Resignation of Registered Ager for filing.	nt for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning	this matter to th	e following:		
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company				
101 North Brand Blvd. 11th Floor				
Address				
Glendale, CA 91203				
City/State and Zip Code				
raresignations@legalzoom.com				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter	er, please call:			
	800	773-0888		
Name of Person	Area Code	773-0888 Daytime Telephone Number		
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administraliability company.	ida Department atively dissolved	of State for \$85,00 for an active limited L voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:		T ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605,0115, Florida Statutes, the	undersigned,			
United States Corporation Agents, Inc.		ions as			
	Name of Registered Agent	: Hereby rest;	_ , hereby resigns as		
Registered Agent for _	English Elaine LLC	· ·			
	Name of Limited Liability Company				
L19000202049					
Document ?	lumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liab	bility company at i	ts fast kno	wn add	tress.
The agency is terminat	ed and the office discontinued on the 31st day	v after the date on	which this	staten	nent is filed.
	Ignature of Resigning N	gent		2	
If signing on behalf of	an entity:		<u> </u>	81 AUN 0202	"
Cheyenne Moseley		247	₹.	7	
	Typed or Printed Name		8 AMI		t graphi
Asst. Secretary for United States Corporation Agents, Inc.		333 (1)	A	Easter B	
	Capacity		STATE	AM 10: 25	الحسية
	FILING FEES: \$ 85.00 Active limited liabil \$ 25.00 Administratively diswithdrawn limited l	ssolved/voluntaril	y dissolve	d/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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